

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

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JUL 2 0 2018

1 31	Darryl W. Perry		NEW HAMPSHIRE
1. Name of Lobbyist(s)			DEPARTMENT OF STATE

II. Name of lobbyist	's partnership, firm or cor	poration, if a	ay:	
Liberty Lobby L	LC			
	me of partnership, firm or corp			
63 Emerald St #	‡ 369	Keene	NH	03431
Business Address: (St	treet)	(Town/City)	(State)	(Zip Code)
(603) 835 3257	()		_{e-mail} darryl@	libertylobby.info
(Telephone)		(Fax)		
III. This statement coreportable expense to	overs: (Choose one – file s ransactions which are not	eparate repor attributable t	ts for each client, OR you ma o any one client).	y file a separate report
X All reportable tran	sactions occurring in the m	onths prior to t	he reporting date relative to the	e following client:
Liberty Lobby LI			-	-
	(Full Name of Client as it ap	pears on the Lol	byist Registration Form)	
<u>OR</u>				
☐ All reportable trans unrelated to any partic	sactions by the lobbyist (inc ular elient	luding the lobl	byist's family), or the lobbying	firm listed below which
IV. Date of Report	April 25, 2018 🗍		July 25, 2018 💥	
Reports cover: activ	ity from date of registration to	3/3 1/1 8	activity from 4/1/18 to 6/30/18	
	October 31, 2018 activity from 7/1/18 to 9/30/18	t	January 30, 2019 🗌 activity from 10/1/18 to 12/31/	78
			transactions made since the Secretary of State's Office, St	
VI. Check if addition	al reports are attached:			
		es, you must fi	k Addendum A- Fees and Ex	penses
	n honorarium or reimbursec		ı must file Addendum B Rep	-
🗀 - If you, your firm,	or your family has made po	litical contribu	tions, you must file Addendur	n C- Political Contribut
I have read RSA 15, R	firmation by Lobbyist SA 15-B, RSA 14-C and R st of my knowledge and be	SA 664 and he	reby swear or affirm that the fo	oregoing information is t
			7/18/18	
(Signature of knobyist)	_	(Date	
Darryl W. Perry	,		(Duit	*
(Print Name of Johnsi		_		

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Darryl W. Perry	
11. Name of lobbyist's partnership, firm or corporation, if any:	
Liberty Lobby LLC	
(Name of partnership, firm or corporation)	
III. Name of Client Liberty Lobby LLC	Date7/18/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$\$733.94
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ \$1,181.57
c) Total of all fees received to date (Add lines a and b)	c) \$\$1,915.51
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	chient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pai epenses; (b) the aggregate total of all e: meals purchased during a busines is than \$10 that is given to the person d with a value of \$25.00 or less); and rring period of greater than \$25.00 for the of greater than \$25, purchase of the than \$25, but not greater than \$50 expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a) \$\$733.94
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _	\$733.94
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ _	
f) Total of all expenses year to date	ก\$_	\$1,915.51
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying	fees during this reporting
Paid to:	Amou	int:
	\$	
	\$	
	\$	
	\$	
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	s	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		, 65 th 4 55 1 45 th 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that t	he foregoing information
		7/18/18
(Signature of lobbyist)		(Date)
Darryl W. Perry		
(Print Name of lobbyist)		



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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JUL 2 0 2018

I. Name of Lobbyist(s) Darryl W. Perry		JUL 2 U 2018
rank or bonnyis((s)		NEW HAMPSHIR
11. Name of lobbyist's partnership, firm or corporation, if any:		DEPARTMENT OF S
Liberty Lobby LLC		
(Name of partnership, firm or corporation)		
III. Name of Client Liberty Lobby LLC	Date	7/18/18
Political Contributions		
For each political contribution that is reportable pursuant to RSA Chapt	er 664 pa	id on behalf of the
client/lobbyist and lobbying firm, indicate the following:	•	
Full name of candidate: Libertarian Party		
(Last Name) (First Name)	(Mid	dle Name/Initial)
Amount of contribution \$ Office Candidate is	Secking	n/a
If the contribution is an in-kind contribution, provide a description of the goods actual cost of the in-kind contribution on the line above for amount of contribution enter an estimated value and the word "estimate."	ion. If the	actual cost is not known,
actual cost of the in-kind contribution on the line above for amount of contribut enter an estimated value and the word "estimate."	ion. If the	e actual cost is not known,
actual cost of the in-kind contribution on the line above for amount of contributenter an estimated value and the word "estimate." Full name of candidate: Supreme Vermin	ion. If the	e actual cost is not known,
Full name of candidate: Supreme (Last Name) Vermin (First Name)	(Mick	the Name/Initial)
Full name of candidate: Supreme (Last Name) Vermin (First Name)	(Mick	the Name/Initial)
Full name of candidate: Supreme (Last Name) Amount of contribution \$\frac{31.32}{31.32} Office Candidate is \$\frac{5}{2}\$ If the contribution is an in-kind contribution, provide a description of the goods actual cost of the in-kind contribution on the line above for amount of contribution.	(Mikk	the Name/Initial) Kansas AG
Full name of candidate: Supreme Vermin (Last Name) (First Name) Amount of contribution \$ 31.32 Office Candidate is \$ 1f the contribution is an in-kind contribution, provide a description of the goods actual cost of the in-kind contribution on the line above for amount of contribute enter an estimated value and the word "estimate."	(Mikk	tle Name/Initial) Kansas AG
Full name of candidate: Supreme (Last Name) Amount of contribution \$\frac{31.32}{31.32} Office Candidate is \$\frac{5}{2}\$ If the contribution is an in-kind contribution, provide a description of the goods actual cost of the in-kind contribution on the line above for amount of contribution.	(Mide Secking or service ion. If the	tle Name/Initial) Kansas AG

Full name of candidate:	Dyer	Caleb	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	12.34	Office Candidate is	Seeking NH State Rep
If the contribution is an in- actual cost of the in-kind co- enter an estimated value an	entribution on the line abo	a description of the goods we for amount of contribut	s or services provided, and enter the tion. If the actual cost is not known,
(If more than three contribution Sworn Statement/Affire		nal contributions on separate	addendum C forms.)
			n that the foregoing information
is true and complete to th	ic ocsi or my knowledge	: ши венет.	
			7/18/18
(Signature of Jobbyist)			(Date)
Ďarryl W. Perry			
(Print Name of lobbyist)			

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